

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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21						
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24	1					
25		24	72			
26		24				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	94	←	←	←	←	←
TOTAL CLAIMS	96	←	←	←	←	←

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		←	←	←	←	←